

**RECEIVED
CENTRAL FAX CENTER**

JUL 20 2005

FENWICK & WEST LLP

**Silicon Valley Center • 801 California Street • Mountain View, CA 94041
Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com**

FACSIMILE TRANSMISSION**CONFIDENTIAL****DATE:** July 20, 2005**CLIENT-MATTER No.:** A1000-00103**To:**

3 12 17

NAME	FAX No.	PHONE No.
United States Patent Office Attn: Technology Center 2135 Examiner Linh L.D. Son	(571) 273-8300	(571) 272-2800

FROM: Becky Hancock**PHONE:** (650) 943-5205**NUMBER OF PAGES WITH COVER PAGE:** 3**ORIGINAL WILL NOT FOLLOW****MESSAGE:**

Application Number	09/881,899
Filing Date	June 14, 2001
First Named Inventor	Chee-Hong Wong
Group Art Unit	2135
Examiner Name	Linh L.D. Son
Attorney Docket Number	20735-05503

Dear Examiner Son,

Forgive me for sending you this fax after we spoke that week, but I checked PAIR today and the correspondence address is still listed as our firm's. Therefore I attach a copy of the Transmittal and Request for Withdrawal as Attorney that we mailed to the PTO on November 12, 2004 and ask that someone issue an Approval so that we may be assured that future correspondence is going to the new attorney, Robert N. Blackmon.

Thanks very much for your help.

Becky Hancock, Legal Secretary, Fenwick & West LLP

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL BECKY HANCOCK AT (650) 943-5205 AS SOON AS POSSIBLE.

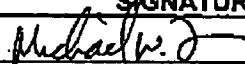
A1000/00103/DOCS/1480919.1

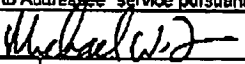
PAGE 1/3 * RCVD AT 7/20/2005 3:16:56 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-6/33 * DNIS:2738300 * CSID:6509385200 * DURATION (mm-ss):01-28

Copied from 09881889 on 08/15/2005

TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)		Application Number	09/881,899
		Filing Date	June 14, 2001
		First Named Inventor	Chee-Hong Wong
		Group Art Unit Number	2135
		Examiner Name	Kim Y. Vu
Total Number of Pages in This Submission	2	Attorney Docket Number	20735-05503

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	Michael W. Farn, Reg. No. 41,015
Dated:	Nov. 12, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.	
Signature:	
Typed or Printed Name:	Michael W. Farn
Dated:	Nov. 12, 2004
Express Mail Mailing Number (optional):	

23615/01000/DOCS/1477606.1

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/881,899
Filing Date	June 14, 2001
First Named Inventor	Chee-Hong Wong
Group Art Unit	2135
Examiner Name	Kim Y. Vu
Attorney Docket Number	20735-05503

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Robert N. Blackmon Merek, Blackmore & Voorhees, LLC				
Address	673 S. Washington St.				
Address					
City	Alexandria	State	VA	Zip	22314
Country	USA				
Telephone	(703) 674-5633	Fax	(703) 684-5637		

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number 00758
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name Michael W. Farn

Signature 

Date Nov 12, 2001

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

23615/01000/DOCS/1477605.1